

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Steve Jarshian  
 Registered Agent  
 Farfard, Inc.  
 909 Amity Rd.  
 Anderson, SC 29621

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*Kristen Nauta*  Agent  Addressee

## B. Received by (Printed Name)

*Kristen Nauta*  C. Date of Delivery *9-13-06*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

06cv167

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

Yes

Article Number *7000-1670-0006-1038-9457*  
 Transfer from service label

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540